

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District Of Florida Middle

Case number (*If known*): \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Clifton  
First name

Ryan  
Middle name

Hammack  
Last name

Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

Aimee  
First name

Marie  
Middle name

Hammack  
Last name

Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 1 1 1 1

OR

9 xx - xx - \_\_\_\_\_

xxx - xx - 1 6 1 2

OR

9 xx - xx - \_\_\_\_\_

Debtor 1	Clifton Ryan Hammack			Case number (if known) _____					
	First Name	Middle Name	Last Name						
<b>About Debtor 1:</b>				<b>About Debtor 2 (Spouse Only in a Joint Case):</b>					
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>	<input checked="" type="checkbox"/> I have not used any business names or EINs.			<input checked="" type="checkbox"/> I have not used any business names or EINs.					
Include trade names and <i>doing business as</i> names	Business name			Business name					
	Business name			Business name					
	EIN - - - - -			EIN - - - - -					
	EIN - - - - -			EIN - - - - -					
<b>5. Where you live</b>									
136 Brookfall Dr				425 La Travesia Flora #103					
Number	Street			Number	Street				
St. Augustine	FL	32092		St. Augustine	FL	32095			
City	State	ZIP Code		City	State	ZIP Code			
ST. JOHNS				St. Johns					
County				County					
If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.					If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.				
Number Street				Number Street					
P.O. Box				P.O. Box					
City State ZIP Code				City State ZIP Code					
<b>6. Why you are choosing this district to file for bankruptcy</b>					<b>Check one:</b>				
<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.					<input checked="" type="checkbox"/> Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.				
<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)					<input type="checkbox"/> I have another reason. Explain. (See 28 U.S.C. § 1408.)				

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

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8. **How you will pay the fee**  *I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.*

*I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).*

*I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.*

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9. **Have you filed for bankruptcy within the last 8 years?**  No  
 Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

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10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No  
 Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 MM / DD / YYYY

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11. **Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

Name of business, if any \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No

Yes. What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Debtor 1

Clifton Ryan Hammack

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):***You must check one:*

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1

Clifton Ryan Hammack

First Name Middle Name

Last Name

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes****16. What kind of debts do you have?**

**16a. Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

No. Go to line 16b.  
 Yes. Go to line 17.

**16b. Are your debts primarily business debts?** Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

No. Go to line 16c.  
 Yes. Go to line 17.

**16c. State the type of debts you owe that are not consumer debts or business debts.**

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**17. Are you filing under Chapter 7?**

No. I am not filing under Chapter 7. Go to line 18.

**Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?**

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
 No  
 Yes

**18. How many creditors do you estimate that you owe?**

<input checked="" type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5,001-10,000	<input type="checkbox"/> 50,001-100,000
<input type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

**19. How much do you estimate your assets to be worth?**

<input type="checkbox"/> \$0-\$50,000	<input type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input checked="" type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**20. How much do you estimate your liabilities to be?**

<input type="checkbox"/> \$0-\$50,000	<input checked="" type="checkbox"/> \$1,000,001-\$10 million	<input type="checkbox"/> \$500,000,001-\$1 billion
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$10,000,001-\$50 million	<input type="checkbox"/> \$1,000,000,001-\$10 billion
<input type="checkbox"/> \$100,001-\$500,000	<input type="checkbox"/> \$50,000,001-\$100 million	<input type="checkbox"/> \$10,000,000,001-\$50 billion
<input type="checkbox"/> \$500,001-\$1 million	<input type="checkbox"/> \$100,000,001-\$500 million	<input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519 and 3571.

  
 Signature of Debtor 1

  
 Signature of Debtor 2

Executed on 06/21/2018  
 MM / DD / YYYY

Executed on 06/21/18  
 MM / DD / YYYY

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

Signature of Attorney for Debtor

Date

6/21/2018  
 MM / DD / YYYY

Lance P. Cohen

Printed name

Cohen & Thurston, PA

Firm name

1912 Hamilton St., Suite 206

Number Street

<u>Jacksonville</u>	<u>FL</u>	<u>32210</u>
City	State	ZIP Code

Contact phone (904) 388-6500Email address cohenthurston@cs.com

<u>283584</u>	<u>FL</u>
Bar number	State

Certificate Number: 16199-FLM-CC-031157235



16199-FLM-CC-031157235

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 9, 2018, at 3:05 o'clock PM EDT, Clifton R Hammack received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Middle District of Florida, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 9, 2018 By: /s/Pamela Mazurek

Name: Pamela Mazurek

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 16199-FLM-CC-031157234



16199-FLM-CC-031157234

## **CERTIFICATE OF COUNSELING**

I CERTIFY that on June 9, 2018, at 3:05 o'clock PM EDT, Aimee M Hammack received from CC Advising, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Middle District of Florida, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: June 9, 2018 By: /s/Pamela Mazurek

Name: Pamela Mazurek

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Fill in this information to identify your case:

Debtor 1	Clifton	Ryan	Hammack
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Aimee	Marie	Hammack
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Florida Middle

Case number  
(if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	Your assets
	Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from Schedule A/B.....	<u>\$ 400,000.00</u>
1b. Copy line 62, Total personal property, from Schedule A/B.....	<u>\$ 44,225.00</u>
1c. Copy line 63, Total of all property on Schedule A/B .....	<u><span style="border: 1px solid black; padding: 2px;">\$ 444,225.00</span></u>

#### Part 2: Summarize Your Liabilities

	Your liabilities
	Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of Schedule D .....	<u>\$ 547,500.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F .....	<u>\$</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F.....	<u>+ \$ 639,536.99</u>
	<b>Your total liabilities</b>
	<b><span style="border: 1px solid black; padding: 2px;">\$ 1,187,036.99</span></b>

#### Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	<u>\$ 6,936.28</u>
Copy your combined monthly income from line 12 of Schedule I .....	<u>\$ 6,936.28</u>
5. Schedule J: Your Expenses (Official Form 106J)	<u>\$ 7,211.57</u>
Copy your monthly expenses from line 22, Column A, of Schedule J.....	<u>\$ 7,211.57</u>

Debtor 1 Clifton      Ryan      Hammack      Case number (if known) \_\_\_\_\_

First Name      Middle Name      Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

**7. What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ \_\_\_\_\_

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.)

\$ \_\_\_\_\_

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

\$ \_\_\_\_\_

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

\$ \_\_\_\_\_

9d. Student loans. (Copy line 6f.)

\$ \_\_\_\_\_

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

\$ \_\_\_\_\_

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

+ \$ \_\_\_\_\_

9g. Total. Add lines 9a through 9f.

\$ \_\_\_\_\_

Fill in this information to identify your case and this filing:

Debtor 1	Clifton	Ryan	Hammack
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Aimee	Marie	Hammack
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: District of Florida Middle

Case number: \_\_\_\_\_

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 2387 Joe White Rd

Street address, if available, or other description

Bonifay      FL      32425  
City            State    ZIP Code

Holmes  
County

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other Farm

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?      Current value of the portion you own?

\$ 400,000.00      \$ 400,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenancy by the Entirety

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2.

Street address, if available, or other description

City            State    ZIP Code

County

##### What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property?      Current value of the portion you own?

\$        \$  

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

##### Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

1.3. Street address, if available, or other description  
 \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ \_\_\_\_\_ \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. ..... →

\$ 400,000.00

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- No
- Yes

3.1. Make: Chevrolet  
 Model: Pickup  
 Year: 2005  
 Approximate mileage: 200000

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 1,000.00 \$ 1,000.00

Check if this is community property (see instructions)

If you own or have more than one, describe here:

3.2. Make: Honda  
 Model: Odyssey  
 Year: 2006  
 Approximate mileage: 200000

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$ 2,000.00 \$ Unknown

Check if this is community property (see instructions)

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

3.3. Make: Pontiac  
 Model: Grand Prix  
 Year: 2006  
 Approximate mileage: 320000

Other information:

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 50.00      \$ 50.00

Check if this is community property (see instructions)

3.4. Make: Mercedes  
 Model: C250  
 Year: 2014  
 Approximate mileage: 85000

Other information:

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 20,000.00      \$ 20,000.00

Check if this is community property (see instructions)

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories***Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

No  
 Yes

4.1. Make: Trailerworld  
 Model: 14' enclosed trailer  
 Year: 2012

Other information:

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**\$ 2,000.00      \$ 2,000.00

Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_      \$ \_\_\_\_\_

Check if this is community property (see instructions)

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**\$ 23,050.00

Debtor 1      Clifton      Ryan      Hammack  
 First Name      Middle Name      Last Name

Case number (if known) \_\_\_\_\_

**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

Farm property - oven, cooktop, dishwasher; Husband's apartment - small electrical appliances, pots, See Attachment 1

\$ 975.00

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

Husband's apartment - 2 TVs, laptop, electric drums, ipad; Wife's electronic's 3 TVs, 2 laptops, camera 2 tablets

\$ 1,000.00

**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

\$

**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

Husband - golf clubs, punching bag, free weights, fishing poll, tackle box, camping gear, tent, cooler; Wife's - free weights, yoga mat

\$ 225.00

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

\$

**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

Man's clothing and shoes; Woman's clothing and shoes and kid's

\$ 350.00

**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

Woman's jewelry - costume jewelry, and watch

\$ 75.00

**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\$

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

\$

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →

\$ 2,625.00

Debtor 1  
Clifton Ryan Hammack

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash***Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No  
 Yes.....

Cash: ..... \$ 50.00

**17. Deposits of money***Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No  
 Yes.....

Institution name:

17.1. Checking account:	VYStar FCU	\$ 600.00
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	_____	\$ _____
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

No  
 Yes.....

Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

No  
 Yes. Give specific information about them. ....

Name of entity:	% of ownership:	\$
Crossroads Caring Home, LLC	100 %	\$ 0.00
Hammack Farms, LLC	100 %	\$ 0.00
Hammack Contracting, LLC	100 %	\$ 0.00

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them.....

Issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately..

Type of account: Institution name:

401(k) or similar plan: _____	\$ _____
Pension plan: _____	\$ _____
IRA: _____	\$ _____
Retirement account: _____	\$ _____
Keogh: _____	\$ _____
Additional account: _____	\$ _____
Additional account: _____	\$ _____

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

Electric: _____	\$ _____
Gas: _____	\$ _____
Heating oil: _____	\$ _____
Security deposit on rental unit: <u>Lisa Broekman</u>	\$ <u>1,300.00</u>
Prepaid rent: _____	\$ _____
Telephone: _____	\$ _____
Water: _____	\$ _____
Rented furniture: _____	\$ _____
Other: _____	\$ _____

See Attachment 2: Additional Security Deposits

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description:

_____	\$ _____
_____	\$ _____
_____	\$ _____

Debtor 1

Clifton      Ryan      Hammack

First Name      Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes ..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

_____	\$ _____
_____	\$ _____
_____	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them. ....

_____	\$ _____
-------	----------

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them. ....

_____	\$ _____
-------	----------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them. ....

_____	\$ _____
-------	----------

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

_____	Federal: \$ _____
_____	State: \$ _____
_____	Local: \$ _____

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information. ....

_____	Alimony: \$ _____
_____	Maintenance: \$ _____
_____	Support: \$ _____
_____	Divorce settlement: \$ _____
_____	Property settlement: \$ _____

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information. ....

_____	\$ _____
-------	----------

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company  
of each policy and list its value....

Company name:

Beneficiary:

Surrender or refund value:

\$	_____
\$	_____
\$	_____

**32. Any interest in property that is due you from someone who has died***If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.* No Yes. Give specific information.....

\$	_____
----	-------

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....

\$	_____
----	-------

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....

\$	_____
----	-------

**35. Any financial assets you did not already list** No Yes. Give specific information.....

\$	_____
----	-------

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** →

\$ 3,425.00

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

\$	_____
----	-------

**39. Office equipment, furnishings, and supplies***Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No Yes. Describe.....

\$	_____
----	-------

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No

Yes. Describe ..... Misc. wrenches, sockets, hammer, plier, screw driver, drill, ratchet, saw, tool box; Push mower, weed wacker \$ 75.00

**41. Inventory** No

Yes. Describe ..... \$ \_\_\_\_\_

**42. Interests in partnerships or joint ventures** No

Yes. Describe ..... Name of entity: % of ownership:  
 \_\_\_\_\_ % \$ \_\_\_\_\_  
 \_\_\_\_\_ % \$ \_\_\_\_\_  
 \_\_\_\_\_ % \$ \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations** No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No  
 Yes. Describe ..... \$ \_\_\_\_\_

**44. Any business-related property you did not already list**

No  
 Yes. Give specific information ..... \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here** → \$ 75.00

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**47. Farm animals***Examples:* Livestock, poultry, farm-raised fish

No  
 Yes ..... \$ \_\_\_\_\_

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**48. Crops—either growing or harvested** No Yes. Give specific information .....

\$ \_\_\_\_\_

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade** No Yes.....

Farm - 2 disk plows, 1 bottom plow, 1 row planter, 1 4 row planter, 1 sprayer, 1 inverter, 1 peanut picker, 1 peanut wagon, 1 tractor, fuel tanks, misc. parts

\$ 15,000.00

**50. Farm and fishing supplies, chemicals, and feed** No Yes.....

\$ \_\_\_\_\_

**51. Any farm- and commercial fishing-related property you did not already list** No Yes. Give specific information .....

\$ \_\_\_\_\_

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

\$ 15,000.00

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information .....

2 bicycles, compound hunting bow and arrows

\$ 50.00

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**54. Add the dollar value of all of your entries from Part 7. Write that number here** →

\$ 50.00

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 → \$ 400,000.00

56. Part 2: Total vehicles, line 5 \$ 23,050.00

57. Part 3: Total personal and household items, line 15 \$ 2,625.00

58. Part 4: Total financial assets, line 36 \$ 3,425.00

59. Part 5: Total business-related property, line 45 \$ 75.00

60. Part 6: Total farm- and fishing-related property, line 52 \$ 15,000.00

61. Part 7: Total other property not listed, line 54 + \$ 50.00

62. Total personal property. Add lines 56 through 61. .... \$ 44,225.00 Copy personal property total → + \$ 44,225.00

63. Total of all property on Schedule A/B. Add line 55 + line 62. .... \$ 444,225.00

**Attachment**  
**Debtor: Clifton Ryan Hammack      Case No:**

**Attachment 1**

pans, dishes, utensils, couch, 3 twin size beds, 2 4 drawer dressers, 2 chairs, futon, recliner, chest freezer, patio furniture; Wife's apartment -couch, oveseat, chair, dining room table with 6 chairs, buffet, breakfast table w/ 4 chairs, small electrical appliances, pots, pans, dishes, utensils, bed, dresser, 2 night stand, desk, bed, night stand dresser, twin bed, dresser, patio furniture

**Attachment 2: Additional Security Deposits**

Security Deposit on Rental Unit with The Goodlife Real Estate, LLC  
Value: \$1,375.00

Fill in this information to identify your case:

Debtor 1	Clifton First Name	Ryan Middle Name	Hammack Last Name
Debtor 2 (Spouse, if filing)	Aimee First Name	Marie Middle Name	Hammack Last Name
United States Bankruptcy Court for the: District of Florida Middle			
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
Brief description: 2014 Mercedes C250 with 85000 miles.	\$ 20,000.00	<input checked="" type="checkbox"/> \$ 1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	FSA § 222.25(1)
Line from <i>Schedule A/B</i> : 3.1			
Brief description: Farm property - oven, cooktop, dishwasher	\$ 75.00	<input checked="" type="checkbox"/> \$ 75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	FSA § 222.25(4)
Line from <i>Schedule A/B</i> : 6			
Brief description: Husband's apartment - small See Attachment 1	\$ 150.00	<input checked="" type="checkbox"/> \$ 150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061
Line from <i>Schedule A/B</i> : 6			

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No  
 Yes

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
<b>Brief description:</b> See Attachment 2	<b>Copy the value from Schedule A/B</b>	<b>Check only one box for each exemption</b>	<b>Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061</b>
<b>Line from Schedule A/B:</b> 6	\$ 750.00	<input checked="" type="checkbox"/> \$ 750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
<b>Brief description:</b> Husband's apartment -2 TVs, laptop, electric drums, ipad	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061</b>
<b>Line from Schedule A/B:</b> 7			
<b>Brief description:</b> Wife's electronic's 3 TVs, 2 laptops, camera 2 tablets	\$ 700.00	<input checked="" type="checkbox"/> \$ 700.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061</b>
<b>Line from Schedule A/B:</b> 7			
<b>Brief description:</b> See Attachment 3	\$ 200.00	<input checked="" type="checkbox"/> \$ 200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061</b>
<b>Line from Schedule A/B:</b> 9			
<b>Brief description:</b> Wife's - free weights, yoga mat	\$ 25.00	<input checked="" type="checkbox"/> \$ 25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061</b>
<b>Line from Schedule A/B:</b> 9			
<b>Brief description:</b> Man's clothing and shoes	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>FSA § 222.25(4)</b>
<b>Line from Schedule A/B:</b> 11			
<b>Brief description:</b> Woman's clothing and shoes and kid's	\$ 300.00	<input checked="" type="checkbox"/> \$ 300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Fla. Const., Art. 10, § 4(a)(2), FSA § 222.061</b>
<b>Line from Schedule A/B:</b> 11			
<b>Brief description:</b> Woman's jewelry - costume jewelry, and watch	\$ 75.00	<input checked="" type="checkbox"/> \$ 75.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>FSA § 222.25(4)</b>
<b>Line from Schedule A/B:</b> 12			
<b>Brief description:</b> Cash	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>FSA § 222.25(4)</b>
<b>Line from Schedule A/B:</b> 16			
<b>Brief description:</b> Checking Account with VYStar FCU	\$ 600.00	<input checked="" type="checkbox"/> \$ 600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>FSA § 222.25(4)</b>
<b>Line from Schedule A/B:</b> 17.1			
<b>Brief description:</b> See Attachment 4	\$ 100.00	<input checked="" type="checkbox"/> \$ 100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>FSA § 222.25(4)</b>
<b>Line from Schedule A/B:</b>			
<b>Brief description:</b> Security Deposit on Rental Unit with Lisa Broekman	\$ 1,300.00	<input checked="" type="checkbox"/> \$ 1,300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>FSA § 222.25(4)</b>
<b>Line from Schedule A/B:</b> 22			

Debtor 1

Clifton Ryan Hammack

First Name Middle Name

Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Security Deposit on Rental Unit with The Goodlife Real Estate, LLC	\$ 1,375.00	<input checked="" type="checkbox"/> \$ 1,375.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	FSA § 222.25(4)
Line from Schedule A/B: 22			
Brief description: See Attachment 5	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	FSA § 222.25(4)
Line from Schedule A/B: 40			
Brief description: Push mower, weed wacker	\$ 25.00	<input checked="" type="checkbox"/> \$ 25.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	FSA § 222.25(4)
Line from Schedule A/B: 40			
Brief description: 2 bicycles, compound hunting bow and arrows	\$ 50.00	<input checked="" type="checkbox"/> \$ 50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	FSA § 222.25(4)
Line from Schedule A/B: 53			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			

**Attachment**  
**Debtor: Clifton Ryan Hammack      Case No:**

**Attachment 1**

electrical appliances, pots, pans, dishes, utensils, couch, 3 twin size beds, 2 4 drawer dressers, 2 chairs, futon, recliner, chest freezer

**Attachment 2**

Wife's apartment -couch, oveseat, chair, dining room table with 6 chairs, buffet, breakfast table w/ 4 chairs, small electrical appliances, pots, pans, dishes, utensils, bed, dresser, 2 night stand, desk, bed, night stand dresser, twin bed, dresser

**Attachment 3**

Husband - golf clubs, punching bag, free weights, fishing poll, tackle box, camping gear, tent

**Attachment 4**

\*\*\*Property personal financial deposit type RMC\*\*\* with VyStar FCU

**Attachment 5**

Misc. wrenches, sockets, hammer, plyer, screw driver, drill, ratchet, saw, tool box

Fill in this information to identify your case:

Debtor 1	<b>Clifton Ryan Hammack</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Aimee Marie Hammack</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>District of Florida Middle</b>			
Case number (if known) _____			

Check if this is an amended filing

**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

## 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Babcock Home Furniture	Describe the property that secures the claim:	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Creditor's Name <b>P O Box 724</b> Number Street	Table and Desk and Entertainment	\$ 2,500.00	\$ 350.00	\$ 2,150.00
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply.				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____				
Last 4 digits of account number _____				
2.2 Mercedes Credit				
Creditor's Name <b>36455 Corporate Drive</b> Number Street	Describe the property that secures the claim:	\$ 20,000.00	\$ 20,000.00	\$ _____
2014 Mercedes C250 with 85000 miles.				
As of the date you file, the claim is: Check all that apply.				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
Nature of lien. Check all that apply.				
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____				
Who owes the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim relates to a community debt				
Date debt was incurred _____				
Last 4 digits of account number _____				
Add the dollar value of your entries in Column A on this page. Write that number here: <b>\$ 22,500.00</b>				

Debtor 1

Clifton Ryan Hammack

First Name Middle Name

Last Name

Case number (if known)

**Additional Page**

**Part 1:** After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

**23 Peoples South Bank**

Creditor's Name

2020 Waukesha St

Number Street

Describe the property that secures the claim:

\$13,000.00

\$5,000.00

\$8,000.00

2005 Chevrolet Pickup with 200000 miles.  
2006 Honda Odyssy and 2012 TrailerBonifay FL  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Who owes the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Nature of lien. Check all that apply.**

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**24 USDA Farm Services Admin**

Creditor's Name

103 N. Oklahoma St

Number Street

Describe the property that secures the claim:

\$512,000.00

\$415,000.00

\$112,000.00

Farm and Farm Equipment

Bonifay FL 32425  
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Who owes the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Nature of lien. Check all that apply.**

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**25**

Creditor's Name

Number Street

Describe the property that secures the claim:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Who owes the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

**Nature of lien. Check all that apply.**

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$525,000.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$547,500.00

Fill in this information to identify your case:

Debtor 1	Clifton Ryan Hammack	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Aimee Marie Hammack	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Florida Middle				
Case number _____				

Check if this is an amended filing

**Official Form 106E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2.  
 Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of PRIORITY unsecured claim:**

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

2.2

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of PRIORITY unsecured claim:**

Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

**Check if this claim is for a community debt****Is the claim subject to offset?**

No  
 Yes

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.****Total claim**

4.1

**ACHA**

Nonpriority Creditor's Name

2727 Mahan Dr, Mail Stop 3

Number Street

Tallahassee

FL

32308

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 5,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.2

**ADT**

Nonpriority Creditor's Name

P O Box 371878

Number Street

Pits

PA

15250

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 200.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify General Services

4.3

**Ally Financial**

Nonpriority Creditor's Name

P O Box 380901

Number Street

Bloomington

MI

55438

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 9,861.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim****4.4****American Homes 4 Rent**

Nonpriority Creditor's Name

**c/o Hunter Sarfield 4620 Woodland Corporate Blvd**

Number Street  
 Tampa FL 32614  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ 5,355.68

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Lodging \_\_\_\_\_

**4.5****Americans Home For Rent**

Nonpriority Creditor's Name

**4651 Salisbury Rd S Suite 170**

Number Street  
 Jacksonville FL 32256  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ 7,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify General Services \_\_\_\_\_

**4.6****Argos Ready Mix, LLC**

Nonpriority Creditor's Name

**3015 Windward Plaza Suite 300**

Number Street  
 Alpharetta GA 30005  
 City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number \_\_\_\_\_

\$ 10,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Guaranty of business debt \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim \_\_\_\_\_

4.7

**Auto Owners Ins. Co**

Nonpriority Creditor's Name

**P O Box 30660**

Number Street

**Lansing****MI****48909**

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 3,943.84

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.8

**Bruce & Sheila Hall**

Nonpriority Creditor's Name

**2380-B River Road**

Number Street

**Caryville****FL****32427**

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ Unknown

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.9

**CAN Capital Asset Servicing**

Nonpriority Creditor's Name

**155 N 400 W, Suite 315**

Number Street

**Salt Lake City****UT****84103**

City

State

ZIP Code

Last 4 digits of account number \_\_\_\_\_

\$ 46,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.10

**Capital One Services**

Nonpriority Creditor's Name

**P O Box 30285**

Number Street

**Salt Lake City****UT****84130**

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 2,600.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business credit card

4.11

**Comcast**

Nonpriority Creditor's Name

**1701 John F Kennedy Blvd**

Number Street

**Phila****PA****19103**

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 300.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify General Services

4.12

**Comenity Capital Bank**

Nonpriority Creditor's Name

**c/o SIMM Associates, Inc P O Box 7526**

Number Street

**Newark****DE****19714**

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 2,304.54****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guranty of business debt

**Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.13

**Community Bank**

Nonpriority Creditor's Name

**P O Box 182789**

Number Street

**Columbus****OH****43218**

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 1,086.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card Charges

4.14

**Community South Credit Union**

Nonpriority Creditor's Name

**P O Box 623**

Number Street

**Chipley****FL****32428**

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 1,500.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.15

**Couch Aggregates**

Nonpriority Creditor's Name

**P O Box 11967**

Number Street

**Birmingham****AL****352020**

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 1,234.40****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.16

**Culligan Filter Service**

Nonpriority Creditor's Name

315 E 15th St

Number Street

Panama City FL 32405  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 583.52

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.17

**Dickinson Ambulance Services**

Nonpriority Creditor's Name

851 E 1st St

Number Street

Dickinson ND 58601  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,800.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.18

**Ditchwitch Financial**

Nonpriority Creditor's Name

475 Snsome St, 19th Floor

Number Street

San Francisco CA 94111  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 232,244.72

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

## Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.19 Dr. Ben Sanders Last 4 digits of account number \_\_\_\_\_ \$ 2,500.00

Nonpriority Creditor's Name

4711 US Hwy 90

Number Street

Marianna FL 32446

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.20 Flowers Hospital Last 4 digits of account number \_\_\_\_\_ \$ 2,000.00

Nonpriority Creditor's Name

4370 Main St

Number Street

Dothan AL 36305

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.21 Gulf Coast Medical Center Last 4 digits of account number \_\_\_\_\_ \$ 2,800.00

Nonpriority Creditor's Name

449 W 23rd St

Number Street

Panama City FL 32405

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.22

**Gulf Power**

Nonpriority Creditor's Name

P O Box 830660

Number Street

Birmingham

AL

35283

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 900.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.23

**Holmes County Taxing Authority**

Nonpriority Creditor's Name

224 N. Waukesha St

Number Street

Bonifay

FL

32425

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 5,200.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify See Attachment 1

4.24

**Holmes County Taxing Authority**

Nonpriority Creditor's Name

224 N. Waukesha Rd

Number Street

Bonifay

FL

32425

City

State

ZIP Code

**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2,500.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.25

**John Deere Financial**

Nonpriority Creditor's Name

**P O Box 650215**

Number Street

**Dallas TX 75265**  
City State ZIP Code**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 60,000.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.26

**One South Bank**

Nonpriority Creditor's Name

**P O Box 610**

Number Street

**Chipley FL 33428**  
City State ZIP Code**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 178,000.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.27

**One South Bank**

Nonpriority Creditor's Name

**1550 N Brown Rd 150**

Number Street

**Lawrenceville GA 30043**  
City State ZIP Code**Who incurred the debt? Check one.**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No  
 Yes

**Last 4 digits of account number** \_\_\_\_\_**\$ 2,127.00****When was the debt incurred?** \_\_\_\_\_**As of the date you file, the claim is:** Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business credit card

Clifton Ryan Hammack  
First Name Middle Name Last Name**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim \_\_\_\_\_

4.28

**Pathology Associates**

Nonpriority Creditor's Name

711 Eglin Pkwy

Number Street  
Ft. Walton Beach FL 32547  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 111.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.29

**Pawnee Leasing Corp**

Nonpriority Creditor's Name

3801 Autonation Way Suite 207

Number Street  
Ft. Collins CO 80525  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.30

**Paypal**

Nonpriority Creditor's Name

2211 N 1st

Number Street  
San Jose CA 95131  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2,300.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card Charges

Clifton Ryan Hammack  
First Name Middle Name Last Name**Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.31

RLI

Nonpriority Creditor's Name

222 Las Collinas Blvd W #2100n

Number Street  
Irving TX 75039  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 3,750.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.32

Sanford Medical Center

Nonpriority Creditor's Name

300 N 7th St

Number Street  
Bismarck ND 58501  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Medical Services

4.33

Sprint

Nonpriority Creditor's Name

6391 Sprint Pkwy

Number Street  
Overland Park KS 66251  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,142.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify General Services

**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.34

Time Payment Corp

Nonpriority Creditor's Name

1600 District Ave, Suite 200

Number Street  
Burlington MA 01803  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,142.19

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.35

Tri County Gas

Nonpriority Creditor's Name

415 S Waukesha St

Number Street  
Bonifay FL 32425  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 260.70

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.36

Universal Engineering Sciences

Nonpriority Creditor's Name

P O Box 25316

Number Street  
Tampa FL 33622  
City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,350.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

Clifton Ryan Hammack  
First Name Middle Name Last Name**Part 2: Your NONPRIORITY Unsecured Claims —Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.37

Verizon

Nonpriority Creditor's Name

500 Technology Dr. Suite 550

Number Street

Weldon Springs MO 63304

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2,517.97

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify General Services

4.38

Verizon

Nonpriority Creditor's Name

500 Technoly Drive Suite 550

Number Street

Weldon Springs MO 63304

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,536.84

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.39

Waste Management

Nonpriority Creditor's Name

P O Box 9001054

Number Street

Louisville KY 40290

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 20,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty business debt

Clifton Ryan Hammack  
First Name Middle Name Last Name**Part 2: Your NONPRIORITY Unsecured Claims –Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

**Total claim**

4.40

**Waste Management**

Nonpriority Creditor's Name

2625 W Grandview Rd

Number Street

Phoenix

AZ

85023

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 2,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty business debt

4.41

**Wells Fargo Bank**

Nonpriority Creditor's Name

P O Box 14517

Number Street

Des Moines

IA

50306

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 1,360.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Credit Card Charges

4.42

**West Florida Electric**

Nonpriority Creditor's Name

P O Box 127

Number Street

Graceville

FL

32440

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 25.59

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty business debt

## Part 2:

## Your NONPRIORITY Unsecured Claims —Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.43

Westlake Financial

Nonpriority Creditor's Name

4751 Wilshire Blvd

Number Street

Los Angeles

CA

90010

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 11,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Guaranty of business debt

4.44

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

4.45

Nonpriority Creditor's Name

Number Street

City

State

ZIP Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Busch Reed Jones & Leeper**

Name \_\_\_\_\_

**639 Whitlock Ave**

Number Street \_\_\_\_\_

**Marietta, GA 30064**

City State ZIP Code \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Bowden Barlow Law**

Name \_\_\_\_\_

**P O Box 30660**

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Lansing, MI 48909**

City State ZIP Code \_\_\_\_\_

**Kerry Adkison**

Name \_\_\_\_\_

**P O Box 669**

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.8 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Chipley, FL 32428**

City State ZIP Code \_\_\_\_\_

**Vincent Aubrey**

Name \_\_\_\_\_

**12 Powder Springs St., Suite 240**

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Marietta, GA 30064**

City State ZIP Code \_\_\_\_\_

**The Independent Bankers Bank**

Name \_\_\_\_\_

**6026, 11701 Luna Rd**

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Dallas, TX 75234**

City State ZIP Code \_\_\_\_\_

**Credit Bureau of Marianna, Inc**

Name \_\_\_\_\_

**4250 Kelson Ave**

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.35 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Marianna, FL 32447**

City State ZIP Code \_\_\_\_\_

**Asma & Asma**

Name \_\_\_\_\_

**884 S Dillard St**

Number Street \_\_\_\_\_

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Winter Garden, FL 34787**

City State ZIP Code \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Receivables Performance Mngt**

Name

20816 44th Ave W

Number Street

Lynnwood, Washington 98036

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Vantage Sourcing**

Name

4930 W State Hwy 52, Ste 1

Number Street

Taylor, AL 36305

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

First Name Middle Name Last Name

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159.**  
**Add the amounts for each type of unsecured claim.**

**Total claims from Part 1**

**6a. Domestic support obligations**  
**6b. Taxes and certain other debts you owe the government**  
**6c. Claims for death or personal injury while you were intoxicated**  
**6d. Other. Add all other priority unsecured claims.  
Write that amount here.**

**6e. Total. Add lines 6a through 6d.**

**Total claim**

6a. \$ \_\_\_\_\_  
 6b. \$ \_\_\_\_\_  
 6c. \$ \_\_\_\_\_  
 6d. + \$ \_\_\_\_\_

6e.   
 \$ \_\_\_\_\_

**Total claim**

6f. \$ 0.00  
 6g. \$ 0.00  
 6h. \$ 0.00  
 6i. + \$ 639,536.99

6j.   
 \$ 639,536.99

Attachment  
Debtor: Clifton Ryan Hammack Case No:

**Attachment 1**

**Taxes on land and tangible personal property**

Fill in this information to identify your case:

Debtor	<b>Clifton Ryan Hammack</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if filing)	<b>Airnee Marie Hammack</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>District of Florida Middle</b>			
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

2.1	<p>Lisa Brokeman</p> <p>Name _____</p> <p>Number      Street _____</p> <p>City              State      ZIP Code _____</p>	Residential lease (wife)
2.2	<p>The Good Life Real Estate</p> <p>Name _____</p> <p>Number      Street _____</p> <p>City              State      ZIP Code _____</p>	Residential lease (husband)
2.3	<p>Name _____</p> <p>Number      Street _____</p> <p>City              State      ZIP Code _____</p>	
2.4	<p>Name _____</p> <p>Number      Street _____</p> <p>City              State      ZIP Code _____</p>	
2.5	<p>Name _____</p> <p>Number      Street _____</p> <p>City              State      ZIP Code _____</p>	

Fill in this information to identify your case:

Debtor 1	<u>Clifton Ryan Hammack</u>	
	First Name	Middle Name
	Last Name _____	
Debtor 2 (Spouse, if filing)	<u>Aimee Marie Hammack</u>	
	First Name	Middle Name
	Last Name _____	
United States Bankruptcy Court for the: <u>District of Florida Middle</u>		
Case number (if known) _____		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
 No  
 Yes. In which community state or territory did you live? \_\_\_\_\_ . Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

Schedule D, line 2.4, 2.3  
 Schedule E/F, line See Attachment  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line See Attachment  
 Schedule G, line \_\_\_\_\_

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line See Attachment  
 Schedule G, line \_\_\_\_\_

3.1

Hammock Farms, LLC  
Name  
2387 Joe White Rd  
Number Street  
Bonifay FL 32425  
City State ZIP Code

3.2

Crossroads Caring Home, LLC  
Name  
2563 River Rd  
Number Street  
Caryville FL 32427  
City State ZIP Code

3.3

Hammock Contracting, LLC  
Name  
Number Street  
City State ZIP Code

**Attachment**  
**Debtor: Clifton Ryan Hammack Case No:**

**Attachment 1**

4.21, 4.22, 4.14, 4.20, 4.25

**Attachment 2**

4.7, 4.24, 4.41, 4.29, 4.1,

**Attachment 3**

4.37, 4.23, 4.16, 4.3, 4.5,

Fill in this information to identify your case:

Debtor 1	<b>Clifton Ryan Hammack</b>	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Aimee Marie Hammack</b>	
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>District of Florida Middle</b>		
Case number (if known) _____		

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 income as of the following date:  
 MM / DD / YYYY

## Official Form 106I

# Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Supervisor	Server
Employer's name	Watson Civil Construction	CAPS By The Water
Employer's address	Number Street _____ _____	Number Street _____ _____
	City      State      ZIP Code	City      State      ZIP Code

How long employed there? 9 months

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. <u>\$ 7,800.00</u>	<u>\$ 1,408.33</u>
3. Estimate and list monthly overtime pay.	3. <u>+ \$ 0.00</u>	<u>+ \$ 0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$ 7,800.00</u>	<u>\$ 1,408.33</u>

Debtor 1 Clifton Ryan Hammack Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

	<u>For Debtor 1</u>	<u>For Debtor 2 or non-filing spouse</u>
<b>Copy line 4 here .....</b>	→ 4. \$ 7,800.00	\$ 1,408.33

**5. List all payroll deductions:**

<b>5a. Tax, Medicare, and Social Security deductions</b>	5a. \$ 928.63	\$ 346.67
<b>5b. Mandatory contributions for retirement plans</b>	5b. \$ 0.00	\$ 0.00
<b>5c. Voluntary contributions for retirement plans</b>	5c. \$ 0.00	\$ 0.00
<b>5d. Required repayments of retirement fund loans</b>	5d. \$ 0.00	\$ 0.00
<b>5e. Insurance</b>	5e. \$ 996.75	\$ 0.00
<b>5f. Domestic support obligations</b>	5f. \$ 0.00	\$ 0.00
<b>5g. Union dues</b>	5g. \$ 0.00	\$ 0.00
<b>5h. Other deductions. Specify: _____</b>	5h. + \$ 0.00	+ \$ 0.00
<b>6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.</b>	6. \$ 1,925.38	\$ 346.67
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	7. \$ 5,874.62	\$ 1,061.66

**8. List all other income regularly received:**

<b>8a. Net income from rental property and from operating a business, profession, or farm</b>	8a. \$ 0.00	\$ 0.00
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.		
<b>8b. Interest and dividends</b>	8b. \$ 0.00	\$ 0.00
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b>	8c. \$ 0.00	\$ 0.00
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.		
<b>8d. Unemployment compensation</b>	8d. \$ 0.00	\$ 0.00
<b>8e. Social Security</b>	8e. \$ 0.00	\$ 0.00
<b>8f. Other government assistance that you regularly receive</b>	8f. \$ _____	\$ _____
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.		
Specify: _____		
<b>8g. Pension or retirement income</b>	8g. \$ 0.00	\$ 0.00
<b>8h. Other monthly income. Specify: _____</b>	8h. + \$ _____	+ \$ _____
<b>9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.</b>	9. \$ 0.00	\$ 0.00
<b>10. Calculate monthly income. Add line 7 + line 9.</b>	10. \$ 5,874.62	+ \$ 1,061.66 = \$ 6,936.28
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		

**11. State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.

Specify: \_\_\_\_\_ 11. + \$ 0.00

**12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.**

Write that amount on the *Summary of Your Assets and Liabilities and Certain Statistical Information*, if it applies

12.

\$ 6,936.28

Combined monthly income

**13. Do you expect an increase or decrease within the year after you file this form?**

No.

Yes. Explain: \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	Clifton Ryan Hammack First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Aimee Marie Hammack First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of Florida Middle			
Case number (if known) _____			

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Forms 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Son

Son

Reanne

Dependent's age

14

11

16

Does dependent live with you?

No

Yes

No

Yes

No

Yes

No

Yes

No

Yes

##### 3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,375.00

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \$ 0.00

4b. \$ 0.00

4c. \$ 0.00

4d. \$ 0.00

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	<b>\$ 0.00</b>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	\$ 85.00
6b. Water, sewer, garbage collection	\$ 40.00
6c. Telephone, cell phone, Internet, satellite, and cable services	\$ 160.00
6d. Other. Specify: Cell	\$ 100.00
<b>7. Food and housekeeping supplies</b>	<b>\$ 800.00</b>
<b>8. Childcare and children's education costs</b>	<b>\$ 0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	<b>\$ 75.00</b>
<b>10. Personal care products and services</b>	<b>\$ 30.00</b>
<b>11. Medical and dental expenses</b>	<b>\$ 100.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	<b>\$ 100.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	<b>\$ 200.00</b>
<b>14. Charitable contributions and religious donations</b>	<b>\$ 0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	\$ 0.00
15b. Health insurance	\$ 0.00
15c. Vehicle insurance	\$ 180.00
15d. Other insurance. Specify:_____	\$ 0.00
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:_____	<b>\$ 0.00</b>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	\$ 975.00
17b. Car payments for Vehicle 2	\$ 0.00
17c. Other. Specify:_____	\$ _____
17d. Other. Specify:_____	\$ _____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	<b>\$ 0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b> Specify:_____	<b>\$ 0.00</b>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	\$ 0.00
20b. Real estate taxes	\$ 0.00
20c. Property, homeowner's, or renter's insurance	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	\$ 0.00
20e. Homeowner's association or condominium dues	\$ 0.00

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ 0.00 \_\_\_\_\_

22. Calculate your monthly expenses.

\$ 4,220.00

\$ 2,991.57

\$ 7,211.57

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

22.

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I. \$ 6,936.28 \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above. -\$ 7,211.57 \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	Clifton Ryan Hammack	
	First Name	Middle Name
Debtor 2	Aimee Marie Hammack	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the District Of Florida Middle		
Case number (if known)		

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J-2

### Schedule J-2: Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Do you and Debtor 1 maintain separate households?

No. Do not complete this form.  
 Yes

##### 2. Do you have dependents?

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Only list dependents

Do not state the dependents' names.

No

Yes. Fill out this information for each dependent .....

Dependent's relationship to Debtor 2:

Son

Dependent's age

14

Does dependent live with you?

No  
 Yes

Son

11

No  
 Yes

Reanne

16

No  
 Yes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

##### 3. Do your expenses include expenses of people other than yourself, your dependents, and Debtor 1?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,300.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$ 0.00
4b. \$ 0.00
4c. \$ 0.00
4d. \$ 0.00

Debtor 1 Aimee Marie Hammack  
 First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

<b>Your expenses</b>	
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	\$ <u>0.00</u>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	\$ <u>95.00</u>
6b. Water, sewer, garbage collection	\$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	\$ <u>200.00</u>
6d. Other. Specify: _____	\$ <u>0.00</u>
<b>7. Food and housekeeping supplies</b>	\$ <u>250.00</u>
<b>8. Childcare and children's education costs</b>	\$ <u>0.00</u>
<b>9. Clothing, laundry, and dry cleaning</b>	\$ <u>150.00</u>
<b>10. Personal care products and services</b>	\$ <u>150.00</u>
<b>11. Medical and dental expenses</b>	\$ <u>300.00</u>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	\$ <u>15.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	\$ <u>50.00</u>
<b>14. Charitable contributions and religious donations</b>	\$ <u>0.00</u>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	\$ <u>0.00</u>
15b. Health insurance	\$ <u>0.00</u>
15c. Vehicle insurance	\$ <u>0.00</u>
15d. Other insurance. Specify: _____	\$ <u>0.00</u>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	\$ <u>0.00</u>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	\$ <u>395.57</u>
17b. Car payments for Vehicle 2	\$ <u>0.00</u>
17c. Other. Specify: Storage Unit	\$ <u>86.00</u>
17d. Other. Specify: _____	\$ _____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	\$ <u>0.00</u>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	\$ <u>0.00</u>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	\$ <u>0.00</u>
20b. Real estate taxes	\$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	\$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	\$ <u>0.00</u>
20e. Homeowner's association or condominium dues	\$ <u>0.00</u>

Debtor 1 **Aimee Marie Hammack**  
 First Name Middle Name Last Name

Case number (*if known*) \_\_\_\_\_

21. Other. Specify: \_\_\_\_\_

21. +\$ 0.00

22. Your monthly expenses. Add lines 5 through 21.

The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.

\$ 2,991.57

22.

23. Line not used on this form.

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Fill in this information to identify your case:

Debtor 1	Clifton Ryan Hammack		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Aimee Marie Hammack		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	District Of Florida Middle		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

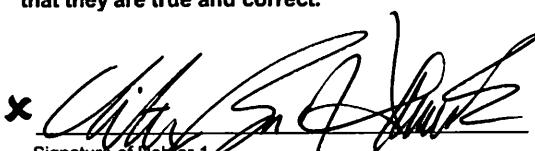
#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

  
 x \_\_\_\_\_   
 x \_\_\_\_\_  
 Signature of Debtor 1    Signature of Debtor 2  
  
 Date 06/21/2018    Date 6/21/18  
 MM / DD / YYYY    MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	Clifton First Name	Ryan Middle Name	Hammack Last Name
Debtor 2 (Spouse, if filing)	Aimee First Name	Marie Middle Name	Hammack Last Name
United States Bankruptcy Court for the: <u>District of Florida Middle</u>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived thereDates Debtor 2  
lived there Same as Debtor 1 Same as Debtor 1

525 Juniper Spring Ct  
Number Street

From 09/01/17  
To 02/18/18

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

St. Augustine FL 32092  
City State ZIP Code

City State ZIP Code

 Same as Debtor 1

2387 Joe White Rd  
Number Street

From 01/01/14  
To 09/01/17

Number Street

From \_\_\_\_\_  
To \_\_\_\_\_

Bonifay FL 32425  
City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2: Explain the Sources of Your Income**

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 52,400.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For last calendar year:</b>  (January 1 to December 31, 2017 YYYY)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$ 47,000.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
<b>For the calendar year before that:</b>  (January 1 to December 31, 2016 YYYY)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$ 25,349.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

	Debtor 1	Debtor 2	
	Sources of Income Describe below.	Gross Income from each source (before deductions and exclusions)	Sources of Income Describe below.
<b>From January 1 of current year until the date you filed for bankruptcy:</b>		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
<b>For last calendar year:</b>  (January 1 to December 31, _____ YYYY)		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
<b>For the calendar year before that:</b>  (January 1 to December 31, _____ YYYY)		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

Debtor 1 Clifton Ryan Hammack  
 First Name  Middle Name  Last Name

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.

Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	\$ _____	\$ _____	
Number Street	_____			
City State ZIP Code	_____			
Insider's Name	_____	\$ _____	\$ _____	
Number Street	_____			
City State ZIP Code	_____			

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	\$ _____	\$ _____	
Number Street	_____			
City State ZIP Code	_____			
Insider's Name	_____	\$ _____	\$ _____	
Number Street	_____			
City State ZIP Code	_____			

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case Guaranty of Debt	Court or agency Court Name	Status of the case Pending On appeal Concluded
Case title <u>Argus Ready Mix v. G4</u>  Construction Company	County Court Holmes County Court Name  Number Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <u>15-211-CC</u>	City State ZIP Code	
 Guaranty		
Case title <u>CAN Capital v Hammack</u>  Contracting, et al	District Court, Salt Lake County Court Name  Number Street	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <u>179914594</u>	City State ZIP Code	

See Attachment 1

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
Garnishment of money with Wells Fargo	<u>June, 2018</u>	<u>\$ 1600.00</u>
CAN Capital Creditor's Name		
Number Street		
City State ZIP Code		
 Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
		<u>\$</u> _____
Creditor's Name		
Number Street		
City State ZIP Code		
 Explain what happened		
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			\$ _____
Number	Street		
City	State ZIP Code	Last 4 digits of account number: XXXX-_____	

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City State ZIP Code			
Person's relationship to you			

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			\$ _____
Number Street			\$ _____
City	State	ZIP Code	

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss <small>Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.</small>	Date of your loss	Value of property lost
			\$ _____

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Cohen & Thurston, PA Person Who Was Paid	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
1912 Hamilton St., Suite 206 Number Street		06/18/18	\$ _____
Jacksonville FL 32210 City State ZIP Code			\$ _____
cohenthurston@cs.com Email or website address			
Person Who Made the Payment, if Not You			

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Person Who Was Paid \_\_\_\_\_

Number Street \_\_\_\_\_  
 \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Email or website address \_\_\_\_\_

Person Who Made the Payment, if Not You \_\_\_\_\_

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____	_____	\$ _____
Number Street _____ _____	_____	\$ _____
City State ZIP Code _____	_____	\$ _____

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Peoples South Bank  
 Person Who Received Transfer  
 Number Street \_\_\_\_\_  
 \_\_\_\_\_

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
1994 GMC/White was transferred to bank in partial repayment of debt. Transfer was 9 months ago	_____	_____

Bonifay FL  
 City State ZIP Code \_\_\_\_\_

Person's relationship to you Lender

1982 Chevy C-10

Brenton Mosser  
 Person Who Received Transfer  
 Number Street \_\_\_\_\_  
 \_\_\_\_\_

8/17

Number Street \_\_\_\_\_  
 \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Person's relationship to you Son

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Description and value of the property transferred

Date transfer was made

Name of trust \_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<u>Wells Fargo Bank</u> Name of Financial Institution	XXXX-_____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	6/18	\$ 0.83
Number Street _____				
City _____ State _____ ZIP Code _____				
<u>Peoples South</u> Name of Financial Institution	XXXX-_____	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	8/17	\$ 50.00
Number Street _____				
City _____ State _____ ZIP Code _____				

See Attachment 2

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution	Number Street	City State ZIP Code	Who else had access to it?	Describe the contents	Do you still have it?
_____	_____	_____	_____	_____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	_____	_____	_____	

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

No  
 Yes. Fill in the details.

Who else has or had access to it?	Describe the contents	Do you still have it?
Family pictures		
<u>American Mini-Storage</u> Name of Storage Facility	Name _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>US1</u> Number Street _____	Number Street _____	
<u>St. Augustine</u> F City _____	City State ZIP Code _____	

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

No  
 Yes. Fill in the details.

Where is the property?	Describe the property	Value
<u>The Good Life Real Estate</u> Owner's Name _____	Appliances, fixtures and window treatment owned by landlord	\$ _____
Number Street _____	Number Street _____	
City _____	City State ZIP Code _____	

**Part 10: Give Details About Environmental Information**

See Attachment 3

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
<u>Name of site</u>	<u>Governmental unit</u>	_____
<u>Number Street</u>	<u>Number Street</u>	
<u>City</u>	<u>State</u>	<u>ZIP Code</u>
<u>City</u>	<u>State</u>	<u>ZIP Code</u>

Debtor 1 Clifton Ryan Hammack  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**25. Have you notified any governmental unit of any release of hazardous material?**

No  
 Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site _____	Governmental unit _____	_____
Number Street _____	Number Street _____	
City _____	State _____ ZIP Code _____	
City _____	State _____ ZIP Code _____	

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<input type="checkbox"/> Pending
_____	Number Street _____	<input type="checkbox"/> On appeal
Case number _____	City _____ State ZIP Code _____	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

<u>Hammock Contracting, LLC</u> Business Name  Number Street _____  City _____ State _____ ZIP Code _____	<b>Describe the nature of the business</b> Construction business  <b>Name of accountant or bookkeeper</b> Heather Wells	<b>Employer Identification number</b> Do not include Social Security number or ITIN.  EIN: <u>4</u> <u>7</u> - <u>1</u> <u>5</u> <u>9</u> <u>5</u> <u>8</u> <u>3</u> <u>4</u>
<u>Hammock Farms, LLC</u> Business Name  Number Street _____  City _____ State _____ ZIP Code _____	<b>Describe the nature of the business</b> Farm  <b>Name of accountant or bookkeeper</b> Heather Wells	<b>Employer Identification number</b> Do not include Social Security number or ITIN.  EIN: <u>4</u> <u>7</u> - <u>2</u> <u>1</u> <u>0</u> <u>4</u> <u>2</u> <u>8</u> <u>4</u>

**Attachment**  
**Debtor: Clifton Ryan Hammack      Case No:**

**Attachment 1 Additional Lawsuits, Court Actions, or Administrative Proceedings**

Case Title: One South Bank v Crossroads Caring Home  
Case Number: 18-CA-50  
Nature of Case: Guaranty  
Court or Agency's Name: Circuit Court Washington County  
Status of Case: Concluded

Case Title: Bruce Hall v Crossroad Caring Home  
Case Number: 15-CA-39  
Nature of Case: Breach of Contract/Guaranty  
Court or Agency's Name: Circuit Court Washington County  
Status of Case: Pending

**Attachment 2 Additional Closed Financial Accounts:**

Name of Financial Institution: Community South Credit Union  
Type of Account: Savings  
Date Closed: 9/17  
Final Balance: \$30.00

**Attachment 3 Additional Property Held that Someone Else Owns**

Owner's Name: Lisa Brokeman  
Property Description: appliances, window treatments and fixtures owned by landlord

**Attachment 4 Additional Financial Statements Given**

Name: Ditchwitch  
Issued: 2015

Name: One South Bank  
Issued: 2016

Debtor 1 Clifton Ryan Hammack  
 First Name  Middle Name  Last Name

Case number (if known) \_\_\_\_\_

Crossroads Caring Home, LLC  
 Business Name

Describe the nature of the business

Assisted Living Facility

Employer Identification number

Do not include Social Security number or ITIN.

EIN: 4 7 - 1 9 0 6 8 9 8

Number Street

Name of accountant or bookkeeper

Dates business existed

Heather Wells

From \_\_\_\_\_ To N/A

City  State  ZIP Code

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Hancock Bank  
 Name

2016  
 MM / DD / YYYY

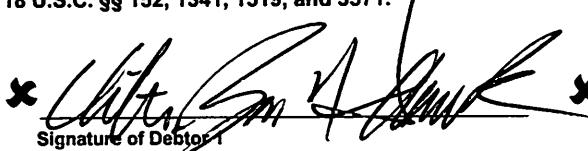
Number Street

Ft. Walton Beach FL  
 City State ZIP Code

See Attachment 4

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

  
 Signature of Debtor 1

  
 Signature of Debtor 2

Date 06/21/2018

Date 6/21/18

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Clifton Ryan Hammack</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Aimee Marie Hammack</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		District Of Florida Middle	
Case number (if known)			

Check if this is an amended filing

## Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information.

Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Hold Secured Claims

- For any creditors that you listed in Part 1 of Schedule D: Creditors Who Hold Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

Creditor's name: USDA Farm Services Admin

Description of property securing debt: Farm and Farm Equipment

What do you intend to do with the property that secures a debt?

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name: Mercedes Credit

Description of property securing debt: 2014 Mercedes C250 with 85000 miles.

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name: Peoples South Bank

Description of property securing debt: 2005 Chevrolet Pickup with 200000 miles. 2006 Honda Odyssey and 2012 Trailer

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Creditor's name: Babcock Home Furniture

Description of property securing debt: Table and Desk and Entertainment

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]: \_\_\_\_\_

Your name Clifton Ryan Hammack  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_Case number (*If known*) \_\_\_\_\_**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**Lessor's name: Lisa Brokeman No YesDescription of leased  
property: Residential lease (wife)Lessor's name: The Good Life Real Estate No YesDescription of leased  
property: Residential lease (husband)

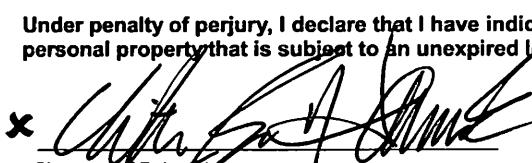
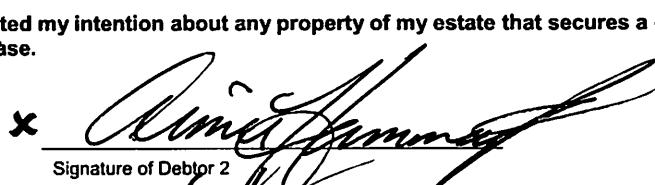
Lessor's name:

 No YesDescription of leased  
property:

Lessor's name:

 No YesDescription of leased  
property:**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 1 Clifton Ryan Hammack Signature of Debtor 2 Ryan Hammack

Date 06/21/2018 MM / DD / YYYY Date 06/21/18 MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<b>Clifton Ryan Hammack</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Aimee Marie Hammack</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>DISTRICT OF FLORIDA MIDDLE</b>		
Case number (if known)			

Check one box only as directed in this form and in  
Form 122A-1Supp:

1. There is no presumption of abuse.

2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).

3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

**Official Form 122A-1****Chapter 7 Statement of Your Current Monthly Income**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

**Part 1: Calculate Your Current Monthly Income****1. What is your marital and filing status? Check one only.**

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

- Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.
- Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

<b>Column A</b>	<b>Column B</b>
Debtor 1	Debtor 2 or non-filing spouse

**2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.** \$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Net income from operating a business, profession, or farm** **Debtor 1** **Debtor 2**

Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from a business, profession, or farm	\$ _____	\$ _____

*Copy here ➔* \$ \_\_\_\_\_ \$ \_\_\_\_\_

**6. Net income from rental and other real property** **Debtor 1** **Debtor 2**

Gross receipts (before all deductions)	\$ _____	\$ _____
Ordinary and necessary operating expenses	- \$ _____	- \$ _____
Net monthly income from rental or other real property	\$ _____	\$ _____

*Copy here ➔* \$ \_\_\_\_\_ \$ \_\_\_\_\_

**7. Interest, dividends, and royalties** \$ \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 **Clifton Ryan Hammack**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1Column B  
Debtor 2 or  
non-filing spouse**8. Unemployment compensation**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \_\_\_\_\_

For you ..... \$ \_\_\_\_\_

For your spouse ..... \$ \_\_\_\_\_

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_

+ \$ \_\_\_\_\_ + \$ \_\_\_\_\_

\$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Total current monthly income

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year. Follow these steps:**12a. Copy your total current monthly income from line 11..... **Copy line 11 here ➔** \$ \_\_\_\_\_

Multiply by 12 (the number of months in a year).

12b. The result is your annual income for this part of the form.

12b. \$ \_\_\_\_\_

**13. Calculate the median family income that applies to you. Follow these steps:**

Fill in the state in which you live.

\_\_\_\_\_

Fill in the number of people in your household.

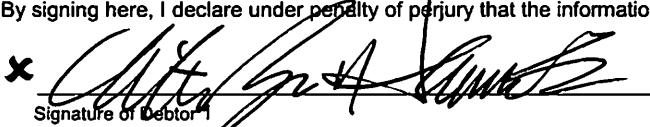
\_\_\_\_\_

Fill in the median family income for your state and size of household. .... 13. \$ \_\_\_\_\_

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*  
Go to Part 3.14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*  
Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

  
Signature of Debtor 1Date 06/21/2018  
MM / DD / YYYY  
Signature of Debtor 2Date 06/21/18  
MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A2.

If you checked line 14b, fill out Form 122A2 and file it with this form.

**United States Bankruptcy Court**  
**DISTRICT OF FLORIDA MIDDLE**

**In re Clifton Ryan Hammack and Aimee Marie Hammack**

Case No. \_\_\_\_\_

**Debtor**

Chapter **7** \_\_\_\_\_

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$ 2,000.00**

Prior to the filing of this statement I have received ..... **\$ 2,000.00**

Balance Due ..... **\$ 0.00**

2. The source of the compensation paid to me was:

Debtor

Other (specify)

3. The source of compensation to be paid to me is:

Debtor

Other (specify)

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

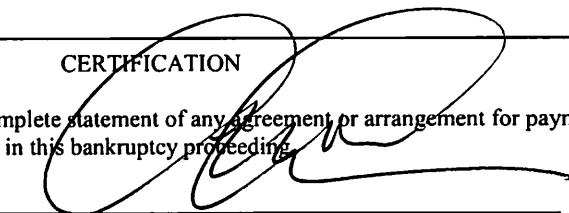
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

- d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
- e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**Adversary Proceeding**

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>6/21/18</u> <i>Date</i>	 <i>Signature of Attorney</i>
<u>Cohen &amp; Thurston, PA</u> <i>Name of law firm</i>	

ACHA  
2727 Mahan Dr, Mail Stop 3  
Tallahassee, FL 32308

ADT  
P O Box 371878  
Pits, PA 15250

Ally Financial  
P O Box 380901  
Bloomington, MI 55438

American Homes 4 Rent  
c/o Hunter Sarfield  
4620 Woodland Corporate Blvd  
Tampa, FL 32614

Americans Home For Rent  
4651 Salisbury Rd S  
Suite 170  
Jacksonville, FL 32256

Argos Ready Mix, LLC  
3015 Windward Plaza Suite 300  
Alpharetta, GA 30005

Asma & Asma  
884 S Dillard St  
Winter Garden, FL 34787

Auto Owners Ins. Co  
P O Box 30660  
Lansing, MI 48909

Babcock Home Furniture  
P O Box 724  
Mulberry, FL 33860

Bowden Barlow Law  
P O Box 30660  
Lansing, MI 48909

Bruce & Sheila Hall  
2380-B River Road  
Caryville, FL 32427

Busch Reed Jones & Leeper  
639 Whitlock Ave  
Marietta, GA 30064

CAN Capital Asset Servicing  
155 N 400 W, Suite 315  
Salt Lake City, UT 84103

Capital One Services  
P O Box 30285  
Salt Lake City, UT 84130

Comcast  
1701 John F Kennedy Blvd  
Phila, PA 19103

Comenity Capital Bank  
c/o SIMM Associates, Inc  
P O Box 7526  
Newark, DE 19714

Community Bank  
P O Box 182789  
Columbus, OH 43218

Community South Credit Union  
P O Box 623  
Chipley, FL 32428

Couch Aggregates  
P O Box 11967  
Birmingham, AL 352020

Credit Bureau of Marianna, Inc  
4250 Kelson Ave  
Marianna, FL 32447

Crossroads Caring Home, LLC  
2563 River Rd  
Caryville, FL 32427

Culligan Filter Service  
315 E 15th St  
Panama City, FL 32405

Dickinson Ambulance Services  
851 E 1st St  
Dickinson, ND 58601

Ditchwitch Financial  
475 Snsome St, 19th Floor  
San Francisco, CA 94111

Dr. Ben Sanders  
4711 US Hwy 90  
Marianna, FL 32446

Flowers Hospital  
4370 Main St  
Dothan, AL 36305

Gulf Coast Medical Center  
449 W 23rd St  
Panama City, FL 32405

Gulf Power  
P O Box 830660  
Birmingham, AL 35283

Hammock Contracting, LLC

Hammock Farms, LLC  
2387 Joe White Rd  
Bonifay, FL 32425

Holmes County Taxing Authority  
224 N. Waukesha St  
Bonifay, FL 32425

Holmes County Taxing Authority  
224 N. Waukesha Rd  
Bonifay, FL 32425

John Deere Financial  
P O Box 650215  
Dallas, TX 75265

Kerry Adkison  
P O Box 669  
Chipley, FL 32428

Lisa Brokeman

Mercedes Credit  
36455 Corporate Drive  
Farmington Hill, MI 48331

One South Bank  
P O Box 610  
Chipley, FL 33428

One South Bank  
1550 N Brown Rd 150  
Lawrenceville, GA 30043

Pathology Associates  
711 Eglin Pkwy  
Ft. Walton Beach, FL 32547

Pawnee Leasing Corp  
3801 Autonation Way  
Suite 207  
Ft. Collins, CO 80525

Paypal  
2211 N 1st  
San Jose, CA 95131

Peoples South Bank  
2020 Waukesha St  
Bonifay, FL

Receivables Performance Mngt  
20816 44th Ave W  
Lynnwood, WA 98036

RLI  
222 Las Collinas Blvd W #2100n  
Irving, TX 75039

Sanford Medical Center  
300 N 7th St  
Bismarck, ND 58501

Sprint  
6391 Sprint Pkwy  
Overland Park, KS 66251

The Good Life Real Estate

The Independent Bankers Bank  
6026, 11701 Luna Rd  
Dallas, TX 75234

Time Payment Corp  
1600 District Ave, Suite 200  
Burlington, MA 01803

Tri County Gas  
415 S Waukesha St  
Bonifay, FL 32425

Universal Engineering Sciences  
P O Box 25316  
Tampa, FL 33622

USDA Farm Services Admin  
103 N. Oklahoma St  
Bonifay, FL 32425

Vantage Sourcing  
4930 W State Hwy 52, Ste 1  
Taylor, AL 36305

Verizon  
500 Technology Dr.  
Suite 550  
Weldon Springs, MO 63304

Verizon  
500 Technoly Drive  
Suite 550  
Weldon Springs, MO 63304

Vincent Aubrey  
12 Powder Springs St., Suite 240  
Marietta, GA 30064

Waste Management  
2625 W Grandview Rd  
Phoenix, AZ 85023

Waste Management  
P O Box 9001054  
Louisville, KY 40290

Wells Fargo Bank  
P O Box 14517  
Des Moines, IA 50306

West Florida Electric  
P O Box 127  
Graceville, FL 32440

**Westlake Financial  
4751 Wilshire Blvd  
Los Angeles, CA 90010**